THE AFTER CARE OF THE INSANE.

A HISTORY of its DEVELOPMENT and a DISCUSSION of its NATURE and VALUE as an AGENCY in the PREVENTION of MENTAL DISORDERS, together with a PLAN for its PRACTICAL APPLICATION in CONNECTICUT and other CHOSEN FIELDS.

By CLIFFORD W. BEERS

Executive Secretary of the Connecticut Society for Mental Hygiene.

THE AFTER CARE OF THE INSANE.

A History of its Development and a Discussion of its Nature and Value as an Agency in the Prevention of Mental Disorders, together with a Plan for its Practical Application in Connecticut and other Chosen Fields.

By CLIFFORD W. BEERS

Executive Secretary of the Connecticut Society for Mental Hygiene.

NEW HAVEN, CONNECTICUT
BRADLEY & SCOVILLE, Inc., Printers

THE AFTER CARE OF THE INSANE.

A History of Its Development and a Discussion of Its Nature and Value as an Agency in the Prevention of Mental Disorders, Together with a Plan for Its Practical Application in Connecticut and Other Chosen Fields.

By CLIFFORD W. BEERS

Executive Secretary of The Connecticut Society for Mental Hygiene.

The history of the development of After Care for persons who have recovered from an attack of mental disorder, more especially those who have been discharged from asylums and hospitals as cured, or "improved," is but another chapter in the story of mankind's neglect of the insane. Although in one country, France, the assisting of patients upon their discharge from general hospitals was attempted as early as 1650, nearly two centuries elapsed before a like effort was made in *any* country to help patients upon their discharge from asylums for the insane. To Dr. Lindpainter, director of an asylum at Eberbach, in the duchy of Nassau, belongs the honor of having inaugurated this beneficent work. What he did in 1829 in Germany was not undertaken elsewhere until 1841, when, under the direction of Dr. Falret of Paris, an After-Care association was founded for work in the Department of the Seine. This Society and another founded three years later for work along the same lines combined forces in 1848 as a single organization which is still in existence.

In 1871 After Care was introduced into England, and it was not long before the work was inaugurated in Austria, Switzerland and Italy. Strangely enough in Germany and in Austria such discharged patients as are now being helped are given assistance not because the nature of their affliction has made them peculiarly deserving of it, but

rather because they, like any other needy persons, are entitled to assistance by the regularly established charitable organizations. On the authority of Dr. Edwin Katzen-Ellenbogen, Lecturer on Abnormal Psychology at Harvard University, and Assistant Physician at the Danvers State Hospital, at Hathorne, Massachusetts, it may be said that After Care in Germany and Austria today is unorganized and relatively ineffective.

Surprising to relate, no steps looking toward the instituting of After-Care in the United States were taken until 1893, and even then thirteen years were allowed to pass before an After-Care Committee was finally organized. Meanwhile, and four years before this work had been actively undertaken in the United States by the State Charities Aid Association in New York, Japanese physicians connected with the Psychiatric Clinic of the University of Tokio helped organize an After-Care Society which, if its published plan for work has been consistently carried out, would seem to be worthy of that progressive nation.

Before attempting to give a detailed account of the inauguration of work in After-Care in the United States, it seems advisable to incorporate in this article the published scopes of the work of those organizations which have been or are engaged in After-Care in France, England, Switzerland, Italy and Japan. It also has been thought best to incorporate certain important papers on After-Care so that the reader may be saved the trouble of searching for them in scattered volumes and reports as the writer had to do.

The scopes of the work of the French, English and Swiss After-Care Societies which follow are quoted from Dr. Henry R. Stedman's paper on After-Care of the Insane, read before the National Conference of Charities and Correction in 1898.

"Of the After-Care Association of the Department of the Seine in France it may be said that it seeks to obtain its objects in three ways:

First, it maintains a central convalescent home, the inmates of which are exclusively poor and friendless female convalescents. Their sojourn is temporary, not exceeding five or six weeks, during which time they have the advantage of kindly instructions. On leaving, they are introduced to employers and are invited to revisit the home.

Second: Another way in which after care is exercised is the *Reunions du Dimanche.* That is, on Sundays the "home" welcomes as

guests a certain number of mental convalescents, who may desire to spend some pleasant hours in the institution where they lived for a season. Their children are welcomed, husbands often accompanying their wives. They are hospitably entertained and attend chapel service, walk in the grounds, etc. In the year 1891, fifteen hundred and four persons, men, women and children, were received as Sunday guests into the home.

Third. Assistance is also rendered to mental convalescents by visits to them in their own homes, especially in cases where occupation, illness, or other causes prevent them from coming to headquarters. The number of such domiciliary visits paid in that year was 646.

It is interesting to note that as a result of the aforementioned private demonstration of the value of After-Care, the French Government in 1892 undertook the task of forming SOCIETIES DE PATRONAGE (aid societies) for the discharged recovered insane throughout the country. The office of these Societies is to aid convalescent or recovered patients by the following means: "Gifts of money, clothing, and tools (this assistance to be given weekly, monthly, or quarterly); redemption of articles in pawn; payment of rent; admission to convalescent homes in cottages intermediate between confinement and complete freedom, or in hospitals or homes of refuge; finding situations for them in workshops, business houses, on farms, etc.; and, finally, their temporary supervision in whatever place they are employed."

"The After-Care society formed in England in 1871 was called the Guild of Friends of the Infirm in Mind, and had for its objects:

1. Intercessory prayer.
2. Visits to friendless patients in asylums in conformity with the regulations of the establishment.
3. Correspondence by post.
4. Seeking situations for convalescents.
5. Promoting convalescent homes for temporary rest after mental illness.
6. Maintaining friendly intercourse with discharged patients.
7. Recommending efficient attendants.
8. Furthering in any other way the interests of the infirm in mind.

"No practical work in After Care, however, was done in England until 1886. Working associates were then appointed, of whom there are twenty, for the purpose of finding suitable homes for convalescents and visiting and reporting upon their temporary inmates. They also follow them up either to the poorhouses to which they have been discharged or to their own homes. Homes have been found where convalescents have been boarded out, the patients' oversight being entrusted to some lady in the neighborhood, and the homes are inspected before any case is sent, and afterwards by a voluntary in-

spector. A large number of cases not coming under the rules of the association have been helped to obtain relief through other channels. The association has an annual income of $3,000 in donations, subscriptions and bequests.

"The published objects of the AfterCare Associations of Switzerland are:

1. Combating the prejudices regarding mental maladies.
2. Looking after the social interests of persons leaving the asylums and thus facilitating their return to society.
3. Expediting by all useful means or other necessary measures the admission into asylums of all recent cases.
4. Watching over the moral and material interests of patients while in asylums and during their absence from their homes, and eventually furnishing them with pecuniary assistance.

"There are nine of these societies, one for each canton. Having originated in private enterprise and created resources for themselves by annual assessments as well as by gifts and legacies, they soon became of great importance. The number of members at the end of 1887 was about thirteen thousand, and they possessed 363,259 francs, part of which was to be utilized for the construction of an asylum."

Though After-Care was instituted in Italy more than a generation ago, not until a little over a year ago was the work undertaken in connection with the Provincial Hospital for the Insane at Imola, near Bologna. The first annual report of this "Society of Protection for the Indigent Insane," of which Dr. G. C. Ferrari ,the Director of the Hospital, is a Vice President, was recently received by the writer and parts of it are herewith quoted in substance, if not literally. Among other things it shows how essential to success a close and official connection between the hospital served and the After-Care Society really is,—also how a close and official connection may be established and maintained.

The fundamental objects of the Society are:

First: To assist with advice and work the indigent insane both before commitment to the hospital and after their discharge from it;

Second: To keep patients and their relatives interested in each other while the afflicted member of the family is confined in the hospital;

Third: To aid in spreading correct knowledge concerning the origin, causes and effects of mental diseases, and also of the methods of preventing such disorders.

The Society occupies itself also with the patients in the hospital encouraging, as it can, the practical demands of hospital technique, rendering profitable the work of the patients, and in exceptional cases

decreeing also, on the advice of the Director, prizes in money as encouragement to the most efficient nurses and attendants.

Anyone may join the Society who makes application and pays the yearly dues of 2 *lire* (40 cents), or 10 *lire* in advance for five years. Those who pay 60 *lire* are life members, and those who give not less than 100 *lire* are designated as founders.

The Council of Administration of the Society demonstrates its practical work by means of Local Committees which it appoints in the various centers of population which send patients to the Provincial Hospital at Imola, and also by means of Correspondents appointed in the less important centers.

These Local Committees are composed of persons well known in each community who can carry on within the field of their influence, the social, beneficent and humanitarian work which the SOCIETY OF PROTECTION plans to do.

The revenues of the Society are received from the following sources:

(a) from the annual or quinquennial dues of members.
(b) from the offerings of individuals or of institutions.
(c) from the profits made at charitable fairs, lectures, etc.
(d) from fines inflicted on the members of the medical staff of the Provincial Hospital.
(e) from the little savings accumulated by patients who die in the hospital and which the relatives have not drawn within the year of the decease of the patient.
(f) from the interest of the reserve fund.

Into the reserve fund shall be paid:

(a) all offerings made with that express condition;
(b) one-half of the offerings without special designation, likewise one-half the payments of the Life and Founding Members.

The capital of the reserve can be made use of with the consent of three-fourths of the number of members of the Society present at a regular meeting.

The Corresponding Members and the Local Committees represent in their respective localities the SOCIETY FOR PROTECTION. They help care for the sick that are under their jurisdiction, take into consideration the appeals for assistance, give needed information, procure new members for the Society, organize according to the rules of the Society fairs, lectures, etc., the profits of which must be paid to the Council which exclusively administers the finances. As a special activity, members of the Local Committees are expected to co-operate in the recovery of the patients afflicted with mental disorders in an incipient form. They shall also take upon themselves the task of advising relatives of patients so that they may be always kindly disposed toward the patient upon his return to his home. In addition to making the return to family and social life easy and natural for the discharged patients the Local Committees shall procure work for them

or, if unable to work, a convenient and suitable home, thus preventing the greater number of relapses and preparing the way for that noble and exalted form of assistance to the insane which goes under the name of 'family care.'

"The Society can not be disbanded except by consent of three-fourths of the total number of members of the Society. In case of the disbanding of the Society the funds to be disposed of shall be given to the management of the Provincial Hospital at Imola with the stipulated object of creating a fund of aid for the discharged, indigent insane."

A description of the prizes offered and won by nurses and attendants at the Provincial Hospital at Imola will show how an After-Care Committee or Society can encourage hospital workers of this class.

"To Rizzi Raffaele, head shoemaker, 50 *lire*, for the love and constancy with which he has furthered the cause of 'family care' by giving counsel and aid to many patients who would perhaps never have been able to take up life outside the hospital had it not been for his constant and intelligent activity. (The management of the Society being informed that this Rizzi Raffaele desired to transfer to the Society the amount of his prize, elected him at once a Life Member of the Society).

"To Magrini Enrico, head attendant of a Section in Pavilion 13, 50 *lire* for the exceptional interest shown in the patients, and proved by his success in re-awakening their energies, inspiring them to work, and removing causes for contention.

"To Bertolini Domenico, Gambrini Domenico, Farina Antonio, Santandrea Attilio and Zannoi Pietro, collectively 50 *lire*, for the zeal and spontaneity with which they fulfill their exacting duties and for the intelligence with which they have felt and understood their professional duty in all its manifestations.

"To Pirazzini Emma, head attendant of a Section in Pavilion 19, for the intelligence and thoroughness with which he has fulfilled his duties, especially regarding the moral care of his patients and for the firmness and constancy with which he has known how to remove and abolish causes of contention, a prize is also given.

"To Masini Pasqua, head attendant of a Section in Pavilion 8, a prize for the zeal with which he assists his patients and for the transformation which has taken place in the last year in his Pavilion, assigned to the chronically insane, almost all of whom he has induced to work, thus helping to reawaken their sense of self-respect and usefulness. The officers of the SOCIETY FOR PROTECTION have also decreed an added prize of 25 *lire* for the five attendants in Pavilion 7, (whose names appear in the report), for the care given to two patients who upon their commitment to the Hospital were completely helpless. On account of this care these bed-ridden patients so regained their health as to become able to attend to their own wants. Furthermore, the Medical College has believed it opportune to signalize by a prize the wonderful and meritorious work of these attendants."

For the especial benefit of lay readers who may never before have read an article on the nature and value of After Care, a partial description of the assistance given to discharged patients by this Italian After Care Society is herewith quoted:

"The first person assisted by us was a certain Gelp, Vil., forty years old, who was committed July, 1906, and was dismissed cured in May, 1908. During these two years of confinement the family had become so impoverished that the mother had been forced to beg a home with relatives and for that reason delayed taking out her daughter (the patient), not knowing where to put her or how to maintain her. The Society found work for her as a servant, and, from September until December, 1908, aided her by monthly contributions of 15 *lire,* until by degrees she became self-supporting.

"Cor. A., committed to the Hospital March, 1898, for many years was considered well enough to be dismissed. But a sentiment of humanity prevented the authorities from discharging the patient because he had no one to whom they could intrust him and also because of his physical condition and age he was not capable of enduring any fatiguing labor. Having for some years previously gained his living going from place to place with a little 'hand battery' the Society resolved, also because he desired it, to furnish him with such an electro-magnetic apparatus. After the Society had given him this and also a complete outfit of clothing he was dismissed from the hospital on April 8, 1909. From that day to this he has not only supported himself but he has also saved 78 *lire* which are being kept for him in a bank by the Society.

"A certain Iuer. E., shoemaker, an inmate of the Hospital for twenty years, was dismissed April 2nd of the current year through the efforts of the Society which first found work for him in Imola and cared for him during his readjustment to social life. Left free, he found work near Bologna where the Society furnished a bed for him to lighten the expense of lodgings. He actually earns his living, solely by his own efforts, and is most contented.

"Besides, this Society has assisted many other recovered patients, providing for frequent visits of the Hospital Staff and for recommendations to sympathetic people who have taken it upon themselves to advise and assist these ex-patients. Among others, there will soon be dismissed a woman an inmate for nine years, for whom the Society has found a place as servant in one of the best families, which, with enlightened mind will thus help to combat practically the common prejudice against trusting for any length of time these unfortunates who have suffered an attack of mental disorder.

"But, aside from cured patients, the Society has also been interested in those chronically ill, bringing into the Hospital "lady visitors" who visit the institution frequently to entertain the patients with reading and conversation, and doing for them that noble and elevating form of assistance which goes under the name of 'family care.' Already 18 patients (12 men and 6 women) from the 24th of March of the

current year, have been entrusted to families outside; with a monthly compensation of from 10 to 15 *lire*. Each of these patients has been provided with the necessary outfit, whether of bed or personal. All our patronesses have co-operated in the making of such outfits, and the expense in each case has not amounted to more than 125 *lire*.

"The Society is naturally not obliged to bear the burden of expense necessary to this form of aid, it being for the benefit of those still ill, who as patients should be provided for by the Province. As a matter of fact, the Provincial Administration does grant a daily allowance of 80 centimes for each patient who is being given 'family care,' granting in addition the outfit for the patient's bed."

After Care in Japan is carried on by the Tokio Ladies' Aid Society for the Insane, an independent charitable organization, organized in 1902. Its published objects as given in Dr. William Mabon's article on The After Care of the Insane, are:

1. For the purpose of helping and entertaining the patients the Society furnishes the State and private institutions with materials for special occupations which are not provided for in most hospitals for the insane, viz, material for use in making artificial flowers and other fine work. It sells such articles as are made and pays the patients for them.

If individuals outside the institution want suits or other articles made, they may send the materials to the patients through the Society and pay for the cost of making. The money thus earned by the patients is given to the superintendent of the hospital and paid to the patients upon their discharge. During their stay in the hospital, the patients are permitted to spend a certain proportion of their earnings for newspapers, magazines and delicacies.

2. The Society arranges for parties of twenty patients each to visit the green-houses, zoological gardens, parks and music halls, accompanied by a physician and nurses, the hospital management providing the refreshments while the Society defrays all other expenses incurred.

3. The Society provides at its own expense entertainments at the institution in addition to those regularly provided by the hospital management.

4. The Society contributes games and provides for concerts.

5. It pays part of the expenses of needy patients in private institutions for the insane.

6. The agents of the society visit and give advice to patients and, when necessary, secure positions for those discharged from the hospital as recovered or improved.

7. The Society's agents visit and give pecuniary assistance to the families of patients who are in need.

8. The Society informs the out-patient department of the institution of those persons in the community who show symptoms of incipient insanity and are in need of prompt medical treatment.

9. The Society arranges for public lectures to which prominent

speakers are invited for the purpose of enlightening the community in matters of mental hygiene.

10. The Society publishes a monthly magazine which is distributed among the public.

11. The Society publishes and sells souvenir postal cards.

12. The Society places large contribution boxes at the principal railway stations.

The income from the Society is derived from the following sources:

1. From dues of members, which are placed at one to two dollars.
2. From contributions from members in addition to their regular dues.
3. From contributions from the public.
4. From a garden party given in the spring and a concert given in the autumn which bring in a profit of from one to two thousand dollars each.

A description of the inauguration of work in After-Care in the United States may best be given by quoting from an address on the subject by Dr. Henry R. Stedman, delivered in 1898 before the National Conference of Charities and Correction. Dr. Stedman said in part:

"In America, except the bare reference by Dr. Pliny Earle in his 'German Asulums' to the aid societies founded by Lindpainter, no allusion to After-Care so far as we can ascertain, was made until in 1893, at the annual meeting of the American Medico-Psychological Association, Dr. P. M. Wise read a suggestive paper on 'hopeful recoveries' at the close of which he alluded to the methods of After-Care in England and France, and most convincingly stated the need of such aid in the first weeks following the discharge of recovered patients from institutions for the insane.

"In June, 1894, the subject was brought to the attention of the American Neurological Association in a paper by the writer, on the 'Management of Convalescence and the After-Care of the Insane,' from which a part of the above description of this work abroad is taken. There the subject might have rested for the time had not a motion been made by Dr. C. L. Dana at the close of the discussion, whereby a committee was appointed, consisting of Dr. C. L. Dana, of New York; Dr. F. X. Dercom, of Philadelphia, and the writer, to investigate and report to the association upon some feasible plan for the aid and supervision, during the first month or two after their return home from asylums, of discharged pauper insane patients who are recovered or improved.

"The committee referred to made an extended inquiry through a circular letter sent to a large number of representative alienists, neurologists, and members of boards of lunacy throughout the country, of whom fifty—nearly all—replied to the series of questions asked. These replies are appended to the report of the committee, and are

many of them of great interest in this connection, as well as regards the establishment of State convalescent homes as an accessory public provision for convalescent patients on their discharge from state hospitals for the insane.

"The expediency and necessity of After-Care was advocated strongly by a large majority of the correspondents, scarcely half a dozen dissenting, and the organization of After-Care associations under private auspices was regarded as the best means for its accomplishment. Some of the conclusions of the committee are here restated:

"1. It is the general and well-nigh unanimous sentiment of those who are most conversant with the needs of the insane in this country that measures should speedily be inaugurated for the temporary relief of discharged recovered, convalescent, and improved insane patients of the dependent class by organized outside assistance.

"2. As a preliminary step, inquiry should be made of all such patients individually before they leave the hospital regarding the mode of life, surroundings and occupation to which they are returning, and appropriate advice given by a medical officer of the hospital. This precautionary measure is, we believe, too often neglected in large institutions for the insane.

"3. The legal provision, whereby an allowance of money and clothing is made in some States to each patient upon his discharge, should be adopted by all.

"4. Outside assistance can best be promoted, we believe, through the medium of an after-care association, which, until its utility be proven, should be entirely a private undertaking. It should be organized like most existing charitable associations dependent upon voluntary contributions. Obviously—a large city offers the best field for starting and developing such a system.

"5. The special methods of 'after-care' relief by such an association should be those employed by similar organizations in other countries—England, France, Switzerland—or a selection of the best methods of each. These may be modified later to meet special conditions. Such a relief should (at present at least) be extended only to the class mentioned, and be understood as temporary, covering only the first month or two following the patient's discharge. The work may be best done by associates or agents, appointed for the purpose, who shall find suitable homes and situations for all proper cases. There should also be systematic supervision of the homes by agents for the time specified, or until the patient seems to be under good conditions for taking up life and work again. This applies also to patients returning to bad surroundings in their own homes. Reports should be made and records kept of each case."

While the work of After-Care with reference to its establishment in the United States was being discussed by members of the Neurological and the American Medico-Psychological Associations, and at the National Conference of Charities, Miss Louisa Lee Schuyler, whose

work in behalf of the insane in the State of New York is so well known, had been studying After Care with a view to interesting the public of her native state as soon as the time for action should seem ripe.

At a conference of the State Hospital Superintendents with the State Commission in Lunacy, held at New York City, on November 18th, 1905, Miss Schuyler, speaking in the name of the State Charities Aid Association, submitted the following account of her investigations, together with suggestions regarding a plan for After Care in New York:

"For many years I have been interested in the subject of After Care for the Insane. While in England, last summer, I spent several hours at the London office of the Society for After Care of Poor Persons Discharged Recovered from Insane Asylums—a society composed of men and women, established about twenty-five years ago, and which does most excellent work. Its methods, in brief, are as follows: The secretary of the Society visits the asylums, and works in close co-operation with the medical superintendents; and is notified by them when there are patients to be discharged cured who are poor, and who have no homes nor friends to go to. For such cases, boarding places (in the country for the women, in the city for the men) have previously been arranged for. These are small 'cottage homes,' or, as we should call them, small boarding houses, where a man and his wife are willing to board these After Care cases. There are now about twelve of these cottage homes in different parts of England. The women are sent to them; the men usually to lodgings in cities, to places corresponding to our 'Mills Hotels,' whence they usually find employment for themselves, but are often helped to do so by the Society. The board of both men and women is paid for by the After Care Society, for from one to six weeks usually, until their health is fully re-established, and they are able to work. The women require much more looking after than the men. They are visited more often by the Secretary, also by local volunteer visitors of the Society living near the cottage homes, who are kind to the poor women, become interested in them, and find employment for them in domestic service and otherwise. This is usually found through advertising in the papers, and in all cases it is stated to the employer that the person has been mentally ill but is now recovered. After employment has been found the Society keeps in communication with them, often for years, and until they are absorbed into the community as self-supporting, self-respecting men and women. It is most satisfactory work. Indeed, it is claimed by the Medical Superintendents, as by the Society, that relapses are often averted owing to the freedom from anxiety afforded the convalescent of knowing that upon leaving the asylum he will be befriended, cared for, and started anew after an interval of rest. During the past year

the Society has furnished After Care to over 260 patients discharged recovered from the asylums. I was much struck by the humane and efficient quality of the work done. It could be much enlarged, I was told, did the voluntary contributions permit.

"Conditions in England differ from those we have here, but the need of a helping hand to be extended to poor and friendless convalescents, and those discharged cured, upon leaving our State Hospitals, is just as much needed here as there, and this is what we ought to do.

"We need no new society because we have the machinery ready at hand; nor do we need to establish a new institution, or to own buildings, or incur large expense. All that we need is earnest interest in the subject, co-operation, organization, readiness to work.

"I have thought that, with the concurrence of the Medical Superintendents, of two or three members of the re-establihsed Boards of Managers of our State Hospitals, and of some of the local visitors of the State Charities Aid Association—those living in the respective State Hospital districts—that, with this combination, a working joint committee to provide After Care might be formed for each State Hospital. The experiment might be tried at first on a small scale, with one State Hospital, to see how it would work. I should like to see it tried, and will gladly help toward it in any way I can. This, Mr. Chairman, is, I believe, all I have to say."

At the conclusion of Miss Schuyler's address, and after the subject of After Care had been discussed informally by those present, it was voted that the subject be presented in the form of a paper at a later conference. This was done at the next Conference, held at Albany, on January 30, 1906, when Dr. Adolf Meyer, Director of the Pathological Institute of the New York State Hospitals, read a paper on "The Problem of After Care and Organization of Societies for the Prophylaxis of Mental Disorders." This paper was an epoch-marking one, in that here for the first time was set forth a plan for After Care for use in the United States which included not only the customary giving of assistance to *needy* patients, but also that most important work, viz., prophylaxis and the spreading among the pubilc of a knowledge of the causes and prevention of mental disorders. Because of its importance, Dr. Meyer's address is herewith quoted in full:

"We are living in an era in which we realize to what a large extent man as an individual and society as a higher unit are responsible for their own making. We expect and demand steps which go at the core of things. It was,therefore, as natural as it was a great satisfaction that the question of after-care presented itself again, owing to the efforts of Miss Schuyler and the State Charities Aid Association and the interest of our Chairman and the Committee of Topics of this con-

ference. Dr. Stedman, and the Committee of the Neurological Society in 1894, then again Dr. Stedman at the National Charities Conference, and Dr. Richard Dewey in an editorial in the American Journal of Insanity, in 1898, have sketched the historical development of the movement abroad; and with the new revival of the question by Miss Schuyler, comes the welcome report of the first step of actual organization in connection with the Willard State Hospital, through co-operation of the Charities Aid Association and the Board of Managers and the Superintendent of the Hospital. A circular sent out looks forward to the procuring of situations for recovered patients, and as most of the needy patients would probably be women, who could be employed at domestic service, this is not expected to meet with great difficulty. The step is also expected to do much good in the direction of the gradual enlightenment of the public opinion on the subject of insanity.

"In 1898 I helped Dr. Dewey to get some material from friends who have for years done work in this direction in one of the nine cantonal organizations of Switzerland, and, ever since, I have paid attention to the question how the movement could best take practical shape and how it could best combine with the broad question of responsibility of the community and of the hospitals in the care and prophylaxis of mental disease. Considering the great interest in general improvements shown by the people of this country and the wealth of resources, and the number of philanthropic men and women, it seems remarkable that so many years of incubation should have preceded the actual initiation of a plan of after-care. There must be good reasons for this and an inquiry into them might possibly repay us better than a rehearsal of the literature and history of the movement which has been given so well in the earlier reports, and, for the English movement, in Miss Schuyler's recent statement. The replies to the circular letter of the Committee of 1894 contain a few explanatory points, and others I owe to what I saw in Massachusetts, where Dr. Stedman's recommendations were discussed but met with little response on the part of the hospital with which I was connected.

"The reasons given were that charities in the European sense were not called for; that the patients who are well enough could easily find employment and aimed to get away from all tutelage and, as far as possible, from any one who knew of their former connection with a hospital; that wholly friendless patients practically did not occur and that it was not wise to reduce the natural responsibility of relatives and friends by paternalism.

"I must admit that at the time these objections rather baffled me, and when the matter occupied me again it tended to take a shape which might perhaps appear to make little of the after-care in the English sense, and which would see but a small point in the recommendation of securing support for one or two months after discharge, as was suggested by the Committee of 1894, but which tends to make the most of an organization of the interested part of the public for the purpose of doing justice to the natural demands shown in our work; the prevention of relapses, the promotion of the work of the existing hospitals

and of recoveries and, as far as possible, the spreading of a sound interest in prophylaxis.

"I am firmly of the opinion that after-care can only thrive when the policy is charity in its broadest sense, that expressed by the term Gemeinnuetzigkeit, *i. e.* promotion of general (public) welfare. For a successful movement it is very necessary that there should be a harmonious co-operation between all the elements concerned, and that everything should be done to help the hospital physicians who are most intimately confronted with the great problem. To make their work more efficient and to allow it to take a more possible and more profitable shape must be one of the first steps of the movement.

"In 1898, Dr. Stedman suggested that the neurologists would be more likely to be in closer touch with outside charity and influence than the alienist. It would seem in the first place that those actually in touch with the definite needs of the situation would find it easier to help. In smaller institutions the superintendent has often been personally acquainted with the community from which the patients come, no doubt greatly to the advantage of his efficiency. In larger institutions, a great deal has been done to give a more and more concrete form to the interests of the physicians in the families and environment of the patients. Through the demand of a thorough study of each case they are confronted over and over again with the need of accurate knowledge of the constellation in which the patient came to grief. This has quite naturally led to an attempt to visit the home or to have it visited by some one who knew what was wanted, and the results have been decidedly interesting. Contrary to what was expected the non-professional visitor who kindly co-operated with us, is received with uniform cordiality and confidence. The people appear just what they are, free from the constraint of the hospital; the environment can be sized up more adequately, and the family's desire to be politic which so often vitiates the account to the hospital physician is reduced considerably. A link is established of as much benefit to the patient as to the friends, especially where the visitor is able to see the patient too, and to bring reports, relieve doubts and fears and suspicions and to clear up misunderstandings. One of the great worries of the patients in a hospital for the insane is the uncertainty about the children and the condition of the family during their detention; and we have often found assurances to the patient by a relative outsider to be much more convincing than sterotyped assurances from those who have not seen the conditions and can not answer specific questions. It is also quite obvious that the family's doubts about matters of management would be ventilated in a more natural way than in conversation with the physician and could be handled better by a person not officially connected with the hospital but able to take an impartial view. Moreover, it would be possible to correct the frequently strained relations between relations and the patient and to thus prepare a ground for a return, where, without such an effort, the relatives would give up to the foregone conclusion that they have done all they could.

"More careful investigation has put us into a much more responsi-

ble position in the consideration of discharge wherever we had become thoroughly familiar with the environment. It has confronted us with an urgent need of co-operation with workers outside the hospital. The brain is above all things the social organ of man and dependent on the mental environment for its functional life. We should fail altogether to develop even the capacity of speech and thought in words and of many of our ordinary achievements had we not a chance to acquire them by imitation. It is, therefore, quite natural that in mental disorders and in the period of convalescence and of danger of relapse, we should regulate the mental diet, the environment, in addition to what we may be able to do for the organism. In all chronic diseases the physician realizes that to be successful with a patient one must have a chance to obtain the co-operation of the family; to get the patient away altogether is of course a convenient thing in order to give a good start, but what about the return to the conditions that have led to the failure before? The importance of this point is plain enough where we deal with alcoholism as the chief cause, as is the case in at least 20 per cent of our patients; there we deal eminently with a social evil which we all find extremely difficult to handle whether we have to deal with it from the point of view of criminal issues or police regulations or the health and prospects of entire families or actual alcoholic insanity. The hospital can enforce abstinence during the patient's residence; what will become of the patient on discharge is usually left to chance. Here an excellent opportunity opens itself to after-care. Hospitals for the insane ought to be in some way in close contact with all organizations that militate against *alcoholism*, and so that patients might be referred to them since we know that company is the most important factor in keeping newly formed habits from yielding again to old tendencies. The same holds for many habit-disorders of another character,—especially the inability of many individuals to get adequate forms of *recreation and enjoyment* which might replace abnormal cravings or pre-occupations. For this we should have contact with clubs and with *movements by no means exclusively looking out for persons who have been insane*, nor even bodies that try especially to prevent insanity, but movements which bring together a wholesome environment for any individual in need of it. Many patients can be recommended to churches. In large cities we might appeal to settlements; in towns we might obtain means to open school-houses to public utility, to add to them a gymnasium, perhaps even with a bowling alley, and to make of them what Young Men's and Young Women's Christian Associations have achieved, for those who do not fit into the social stratum of these associations. The Salvation Army has shown the necessity of leadership from the same stratum of interests. We know that not all our patients would be eligible to the Young People's Christian Association, and that many would refuse to join them if they were acceptable; consequently we must see to it that the formation of substitutes is encouraged, all the more since it can be done with very little expense. Further, we should use the encouragement by interest. Even patients in tolerably satisfactory home sur-

roundings profit from a few casual visits by one who has gained their respect and gratitude during the illness; a timely advice and the mere feeling of responsibility carried by the realization that somebody takes an interest, has proven to have a decided influence in pulling former patients out of discontent, and the healthy members of the family out of a harmful attitude of suspicion of relapses and lack of confidence in the patient. Compared with all this the chief aim of the English system of after-care has a rather subordinated place with us. Our servants have different desires and opportunities from those abroad; there is less of that submissive spirit which accepts everything as a gift from above; and opportunities for work are much greater except perhaps for the poor middle class, when it has aspirations higher than actual efficiency. Many former patients prefer to take up their active life where nobody knows of their temporary illness. As many ex-patients as possible should be led to realize the responsibility of being straight and honest, and to take easier positions, possibly with the help of such agencies as Dr. T. C. Janeway and Mr. Devine propose for the slightly disabled. We have not a large number of really friendless individuals nor do we feel obliged to undermine the spirit of financial independence and the feeling of responsibility of what friends a patient may have. Where money is needed it can as a rule be obtained through local charities. Doctor Pilgrim in his letter in answer to the circular of 1894 pointed out that the superintendent has a right to give a patient clothing and money up to $25—"to defray his necessary expenses until he can reach his relatives or friends and find employment to earn his subsistence"—that is to say, an amount which can go a long way towards helping a patient on his feet.

"The Committee report of 1894 also considered convalescent homes. The English plan of securing a well-tried boarding place for a short period seems to adequately cover this point for the time being, at least. If real convalescent homes should be thought of, they should as much as possible co-operate with general hospitals and provide for an immediate intermingling with the healthy-minded. The report spoke of State convalescent homes as very desirable, but urged that the first reform should be the provision of separate hospital treatment of insanity in its early and active stage. This problem might well deserve a special discussion on another occasion. I should merely like to warn against the unfortunate effect of considering such far-reaching matters without due reference to the best policy of those engaged most actively in the work. The more I see of the work and needs of our State, the more I am convinced that the suggestion of creation of special convalescent homes for the insane and also of special hospitals for the acute cases should develop out of the needs of the existing hospitals. Otherwise it will lead to a splitting of interests, and foster the prevailing pessimistic notions about our State hospitals, instead of leading to a recognition and encouragement of the excellent improvement in progress everywhere. If our hospitals were not in a position to do the best work for acute cases and convalescents we ought to help them to attain it, rather than distract public attention exclusively in other directions.

"While this is a matter which need not concern us in today's discussion, I should draw your attention to a point referred to in Miss Clark's circular as a natural result of the work with outside organizations, namely, the correction of the "public delusions regarding insanity."

"It is very discouraging to see that even physicians are woefully ignorant of what the hospitals are and of what to advise in cases of mental disease. The exclusive hospital care spoils the interest of the family practitioner whose training in psychiatry probably consisted at best in some instructions of how to get rid of these patients. I have repeatedly heard medical men say that a person once insane had best be killed as a hopeless wreck. Where the medical profession has such notions, the attitude of the public can not be much better. How often have we not heard the question: "Do they ever get well?" —in the face of the well-justified statement that about 20 per cent. of the cases admitted make a recovery which can be made permanent with proper care. Physicians and the public need more familiarity with the actual facts. It is painful to enumerate the evidences of indifference and ignorance. In the city of Buffalo there still is tolerated the preposterous usage of station-houses as the first place to which patients are brought, and in these subtle disorders, in our days of ambulances and nurses, the police are first appealed to as nursing corps. I am told that in New York there is an old rule according to which a policeman has to be present in the transportation of a patient and that Philadelphia demands that patients shall be hand-cuffed in transportation, even under supervision of a physician. There are excellent laws available but few able to advise the people of them. How many know of the possibility of emergency commitment—that in a case where the condition of 'said person is such that it would be for his benefit to receive immediate care and treatment, or if he is dangerously insane so as to render it necessary for public safety that he be immediately confined, he shall be forthwith received by a State institution" * * * "upon a certificate of lunacy executed by two medical examiners and the petitioner to apply to a court for an order of commitment?" How many physicians and other persons in New York know that the Manhattan State Hospital has an ambulance and can receive patients without police aid and without the intermediary of Bellevue? In all this the hospital needs co-operation with an organized public and we now ask who shall be the visitors and kindly helpers co-operating with us! The plan proposed at Willard does justice to a number of very important points. In the first place the authorities of the hospitals should determine the policy in order to secure the smoothest possible co-operation, and because they should be familiar with all the facts in order to do the State's duty efficiently. It is well that they should turn to the members of the broadest organization of interest in public welfare—our Charities Aid Association and to its well-tried members, the Charity Organization Society and similar bodies. Through them it should be possible to draw within the range of co-operation public spirited, intelligent persons of the community,

physicians and their wives, especially medical examiners in lunacy, clergymen, leaders of settlements, people practically interested in sociological and educational problems, leaders in the practical management of the alcohol problem, leaders in the movement for a "society of moral and sanitary prophylaxis," leaders of the movements of prophylaxis against suicide, and leaders in the various clubs with interest in public hygiene. I repeat that we need as much contact as possible with those who are *leaders among the healthy*, since we want to see our patients assimilated as rapidly as possible by the most healthy and rational environment to which they might be suited. The experience of judges in dealing with social strata which are not often reached by other organizations, churches, etc., will possibly be very valuable.

"To find these people, to organize them into an organization for prophylaxis of mental disorders, to make it drive strong roots in a fertile soil, by starting it first on the very direct and concrete problem of after-care and prevention of relapses, to keep accessible a directory to helpful persons and to resources of help in the struggle of life and in a wholesome existence, is indeed a wonderful opportunity for one of the members of each Board of Managers. Committees of a local nature should be organized; one of the members to be the local secretary and a local center of information. In my home canton (in Switzerland) there is hardly a village that is not represented by one or more persons. Funds must be made available from private sources to contribute to the support of agencies and perhaps here and there to the employment of some efficient former nurses or other persons who would not be able, without some remuneration, to devote their talents to the task for which they are fitted by instinct and training. A small annual fee of not more than a dollar should defray part of the expense of publications and correspondence.

"The share of the hospital in this movement will be to help the members of the organization become familiar with the hospitals and with what the State is in a position to do through them, and to keep a list of persons and organizations that might be willing to co-operate in the various localities. They will also encourage the members to get a direct acquaintance with what is, unfortunately, relegated to the domain of guessing and surmising, when hospitals are too much walled off from the community, and frequently inaccessibly located, much to their disadvantage and to that of the public.

"To get a knowledge of conditions to the people who ought to have it, I suggested some years ago the printing of a pamphlet giving all the desirable information and explaining especially the topics of frequent misunderstandings. This could appropriately be done either by the individual hospital or by the State. Through the medium of Charities and the Commons, and annual reports of the work, there would be plenty of opportunity to spread a knowledge of further experiences which no doubt will come to all those who take an active part in the movement described. The publication of a pamphlet containing the Committee Report of 1894, and the papers of Dr. Stedman and Dr. Dewey and Miss Schuyler, and such a pamphlet as that

of Dr. Clara Barrus, would be a useful introduction of the problem to the public.

"This movement, with the suggestion of Dr. Mabon in the direction of creating out-patient departments in connection with the State hospitals, would very quickly pass the experimental stage. Within our work on Ward's Island it is doing so. It is becoming a necessity as the report of Miss Clark will show. And wherever it may be tried judiciously, it will bring ample rewards for the work demanded in its organization."

At the close of Dr. Meyer's address, Mrs. Milo M. Acker, a member of the Board of Managers of the Willard State Hospital, discussed the subject of After-Care from the standpoint of an interested lay worker. So enlightening is this discussion of the subject that a verbatim report of Mrs. Acker's remarks is herewith quoted. "I have a very attractive friend in Hornellsville, who is a teacher in our public schools, and a little daughter of another friend became her pupil last September. After school had been opened for two or three days I met the little girl on the street, and said, 'Ruth, how do you like your teacher?' "I like her," she said, "and I just love to listen to her, but she talks about units, units, units, and I wish I knew what they were!" Now except for a few months of experience upon the Willard Board of managers, I think that I fairly represent a large class of people who are exceedingly interested in units, without a very valuable working knowledge of what they are, and probably for that very reason I have the privilege of saying here how much I have appreciated the very full and comprehensive paper on after-care by Dr. Meyer, and of speaking a little further upon some points which his paper has suggested. For, of course, I could not hope to bring anything of value to the discussion of a question like this, which has both a medical and a philanthropic side, upon one or the other of which everyone of you here is an expert, except as I represent the average person whose cooperation is nevertheless of importance in this matter; and so I can hold up to you the view point of an average person for your examination, and, if you will be so helpful, for your possible criticism. I notice that Dr. Meyer in taking up this subject grasped it, as everything which is to be conquered should be grasped, by the head or working end, and so I will try to do the same. It requires self-restraint, however, not to dwell somewhat on the importance and the difficulty of this work of after-care, or re-establishing in active life those who for no fault of their own have been for a long time withdrawn from it; those who are victims of their own misfortune and of the world's prejudice and indifference. And I am inclined to dwell also with special gratification upon the awakening of conscience in this matter, as shown by the amount of literature on after-care which has been, of course, as accessible to you as to me, and to which, therefore, I need not refer. This awakening of conscience was needed, it seems to me, when we learn that in every State in the Union there

are one or more organizations for aiding the convalescent from both physical and moral disease and not one for the after-care of those who have been mentally ill, and who are regarded with even greater suspicion than is the criminal. Following these steps in my thoughts, I am finally brought back to the working end of the problem, and face to face with the question: What can I do, or since I represent the average person, what can we do about it? In my individual case the answer to this question was almost coincident with the question itself, for in my early reading concerning the condition of the dependent insane, one of the first things I noted was that the fourth duty of the committee on insane of the State Charities Aid Association was "to inaugurate and maintain for convalescents leaving hospitals who may be friendless, a system of after-care whereby they may be strengthened in health, protected and cared for, until able to support themselves." I found that while this duty had never been actively exercised, nevertheless Miss Schuyler was then in England and was investigating the matter, and I was grateful to learn that there were those who were wiser and more experienced than I who were preparing to answer my question; and I am especially interested in the development of the plan as Dr. Meyer has given it to us. In outlining the possible policy of some system of after-care, I noticed that Dr. Meyer wisely passed by the original objections which met the suggestion of the plan about ten years ago. There were two of those objections, however, which particularly appealed to me, inasmuch as I am sure to meet them at the first step in my end of the work,—that to be done by the average person,—which must be, of course, as Dr. Meyer has suggested, the combatting of popular prejudice. The first one is that anyone who wants to work can work. Now, we all know that that is a popular fallacy and it is not necessary to sit through the sessions of the Conference of Charities and Correction to know it. Nevertheless those of the dependent insane who go out from our hospitals must work to support themselves as the public welfare demands. It seems to me that while we need not dwell upon the fact that they are apt to be peculiar in their personal appearance and possibly have such weakness of judgment and temper as would not commend them to possible employers, yet we must admit that they themselves realize this, and would be likely to linger as long as they may within the hospital walls, unfit to stay and unfit to go, and taxing to the utmost, perhaps, when they do go, their own resources and those of their friends before appealing to any organizations that now exist. I do not believe in a multiplication of organizations, but it seems to me that these special needs require some special organization like the one we contemplate. Another objection that Dr. Meyer has referred to is the statement that there are no really friendless people. I am very glad Dr. Meyer has made his plan broad enough to cover the friendless as we define the term. There are many men who have relatives or former companions to whom they may go for a time, but no friends in the sense of those who can control material aid, or be of assistance to them in over-coming conditions which may have caused their original shipwreck. These two objections will have to be met at once.

"I am in hearty accord—and I am sure I can speak for the Willard board of managers, and possibly for others—with Dr. Meyer in his very full and complete suggestions in regard to visitation. I think that the matter of visitation and the oversight of those who have homes of a sort and who possibly have occupation of a sort, may prove to be not only the most evident but the most important requirement of after-care. But in the very little work which we of the Willard board have attempted to do or have talked of doing,—and about which Dr. Meyer perhaps has spoken more kindly than he ought, given it more value than it deserves,—we could not contemplate the wider workings of after-care, but we agreed that whatever was done must be done at first along the most simple lines, lines even simpler than those of the English after-care, and that it would include scarcely more than the oversight of clothing and the money which the State would grant, assistance in finding positions, and some little oversight after they had secured such positions. I notice that Dr. Meyer said that this would be easy! Well, I hope that the finding of positions would be easy, but we certainly would have to meet with a great deal of prejudice and misapprehension on the part of would-be employers, and I have been thinking how we could meet this prejudice and this misapprehension, and some arguments have occurred to me which might be available. I am going to speak now to the newly appointed managers who may be present,—I wish there were more of them,—and the rest of you can take a nap perhaps, as I know the august gentlemen who occupy this room sometimes do when young lawyers are expounding to them the law they themselves have made, for I am going to quote some statistics which you yourselves have made, and which appeal to my average mind. Of the 3,000 women admitted to State hospitals in 1903-1904, the cause of insanity was diagnosed definitely in 2,000 cases, and of those 2,000, eight hundred and thirty-seven had become insane from causes that seemed to my average mind as reasonably curable, and which we need not expect to relapse if once pronounced cured by expert physicians. For instance, I should not expect a relapse in the case of a person who had become insane from certain moral causes, loss, shock, religious excitement or love affairs, from over-work and privation, or some of the other abnormal physical conditions that might be temporary, and I should expect that once cured such people could remain cured. I notice further that of the 733 discharged as cured from the State hospitals in that same period, 1903-1904, a large proportion, 233, had been insane but a month at the outside before they were placed in the hospital, where they had expert medical care, and a still larger proportion, 253 of the 733 had been cured under expert medical care in less than six months. I noticed that of the 8,000 women discharged cured since 1888 the larger proportion of them, 2,600 I think, were between the ages of 20 and 30, and 2,200 between the ages of 30 and 40, and so I thought that in view of these facts we could say to would-be employers that there was nothing unusual in the absolute cure of insanity, especially when it has been temporary, as it is largely, and certainly has

been in the case of those we are requesting you,—the would-be employers,—to take into your employ; moreover, you notice that we are asking you to take those who have youth enough and strength enough to be on the fighting line, that you may avail yourselves of their energy which may thus be added to the sum total of social capacity. I do not know the exact figures, or whether it is true in this country as in England, that 17 per cent. of the admissions to hospitals are readmissions caused by relapse, but if it is true, it seems to me that that fact is distinctly humiliating, and that in large part it might be corrected by the timely proffer of a helping hand. Money already spent in their cure would be safe-guarded, and it seems to me that such an argument ought to appeal to the hardest hearts and heads. Of course, no one person alone can hope to affect the conscience or sense of expediency of any locality, and so I was especially pleased with Dr. Meyer's suggestion that medical examiners and physicians should be interested to help reassure those whom they might individually influence. Two of the broadest minded physicians have already become very much interested in the work, and promised their aid in every possible way if perchance the after-care system should ever penetrate to Hornellsville. I said, a moment since, that I thought the arguments I deduced from your statistics might be available, and I believe it because I have used them. Sometime since, I called together nine representative housekeepers in Hornellsville, and laid the matter of after-care before them. Four of the nine said that they would take into their homes the persons discharged from hospitals who were said to be cured by the physicians. Two of them said this from ordinary motives, and two of them because they wished to be charitable; two of the others said that they would employ such persons after six months, one hesitated and two said they would not have them under any circumstances. But it seems to me that the proportion of those who were reasonable in the matter was encouraging. In discussing the matter with them it was agreed that it would not be wise to announce, as is done in England, that these domestics had been mentally ill and had recovered, but to mention the fact only to their employers; for our servants are very differently situated from those in England; there are not so many in one house, and they are a great deal more likely to be lonely, especially if those who might become their associates should hold aloof from them because of distrust and prejudice. That led me to consider the advisability of placing them possibly in some other occupation than domestic service, and so I consulted four mill owners in Hornellsville—where are employed between 1,000 and 1,500 women and girls in silk mills and mills for the manufacture of underwear. One of the mill owners listened to me with courtesy but said that he would not have anyone who had been insane in his employ under any conditions nor after any lapse of time. Two of them were entirely broad-minded, and said that they would take directly into their employ from the State hospitals, any women whom the physicians guaranteed as cured, and while they did not think it would be wise for their companion workers to know they had been insane, they could

promise them if they should need it, their sympathy and that of their fellow operatives. One of the four I did not see, but I know his temperament and I feel reasonably sure of his attitude if properly approached. I think there again the proportion of those who were reasonable and could be looked to for assistance in this matter of after-care was very encouraging indeed.

"How many people there are discharged cured from our State hospitals who would be benefited by this after-care I, of course, do not know; I fancy it would differ very much in different hospitals, but that there should be any hospital where there would be none, I can hardly imagine. I have an idea that at Willard the conditions are rather peculiar, and I thought that rather than transmit to you the statistics it would be more satisfactory for you to hear directly from Dr. Elliott, and I hope you will give him an opportunity to tell us what the conditions at Willard are. As to the exact method of establishing an organization of the kind under discussion that question is not yet, as you know, settled. We had a slight sketch of a plan suggested to us of the Willard board, but it was very sketchy, and as it developed it was modified, so as we have here representatives from the State Charities Aid Association who are experts in social work, would it not be well to hear from them on this point. One important thing, it seems to me, would necessarily be appropriate in any system of after-care and that is the careful preservation of an official relationship between those extending and those receiving its benefits. I have an idea that any man or woman who needs our care after discharge from an insane hospital does not so much wish us to be kind as that we stand in the relation of experts who would help them to fight their own battles. Any organization of State hospital officials, and others associated with them, would be regarded in their official relationship, and their help could be freely accepted without loss of self-respect.

"Of course, it is a great deal easier to ignore difficult conditions outside the hospital walls while we give aid only to the helpless within those walls, (but I am sure that none of the boards of managers desire to be found industriously busy doing easy things while the hard things go undone—moreover we all know what a temptation it is to be very patient with bad conditions which are difficult to correct). In the middle ages the insane were canonized as saints, burned as heretics, or hung as criminals, according to the form of their insanity, and they became, later, the sport of mocking throngs, but there never has been a time when some hearts have not been touched by their misfortunes; and so it has come about that in this age they receive, without cost, the most expert medical aid; in most countries they have also, to some extent, the advantage of after-care. It will never do for New York State to be the last to round out to full completion the protection of her dependent insane."

Owing to the fact that organized work in After-Care had never been attempted in the United States, those present at the joint conference of the State Hospital Superintendents with the State Commis-

sion in Lunacy at which representatives of the State Charities Aid Association of New York were invited to be present, adopted the following resolution in which the benefits of After-Care were restricted to needy discharged patients:

"Resolved, That in the opinion of this Conference, it is desirable that there shall be established in this State, through private philanthropy, a system for providing temporary assistance and friendly aid and counsel for needy persons discharged, recovered, from State hospitals for the insane, otherwise known as 'After-Care for the Insane.'

"Resolved, That the State Charities Aid Association be requested, by this Conference, to organize a system of after care for the insane in this State, and to put it into practical operation.

"Resolved, That the representative of the State Commission in Lunacy and the managers and superintendents of the State Hospitals for the Insane, here present, hereby pledge to the State Charities Aid Association their earnest and hearty co-operation in the establishment and maintenance of a system of After-Care for the insane in this State."

Immediately after this Conference the Standing Committee-on-the-Insane of the State Charities Aid Association appointed a Sub-Committee on the After-Care of the Insane to carry into effect the above resolutions; and on the 9th of February, 1906, at a meeting of the Board of Managers of the State Charities Aid Association the first report of the Sub-Committee was presented and approved. In the first annual report of the Sub-Committee, published November 1, 1906, the plan of organization is set forth as follows:

"We propose that After-Care Committees for each State Hospital shall be appointed by the Association, which shall work under the immediate control and direction of the 'Sub-Committee on After Care of the Insane,' of our Standing Committee on the Insane. These Hospital District Committees shall consist of the present visitors of the Association to the State Hospitals, or such of them as may be willing to serve, with others added as the need may arise, all residents of their respective Hospital Districts; and with them, as *ex-officio* members of the Committee, two or more Managers to be appointed by each Hospital Board, and the Superintendent of the Hospital. The chairmen and secretaries of the Committees are to be members of the Association. The Committees are to receive the names of their respective Hospitals, viz: 'Manhattan After-Care Committee of the State Charities Aid Association,' etc., etc." ,

Continuing, the report says: "In regard to expenses. Fortunately there is a humane provision on the statute books of our State, which makes it mandatory for Superintendents of Hospitals to supply to each patient leaving the hospital, who may require it, clothing suitable to the season, and money, not to exceed $25, for traveling and other necessary expenses until he can reach his home or find employment. That section of the Insanity Law reads as follows: Sec. 75.

Clothing and money to be furnished discharged patients. No patient shall be discharged from a State Hospital without suitable clothing adapted to the season in which he is discharged; and if it cannot be otherwise obtained, the steward shall, upon the order of the Superintendent, furnish the same, and money not exceeding twenty-five dollars, to defray his necessary expenses until he can reach his relatives or friends, or find employment to earn a subsistence.

"It is expected that money advanced by the Committee, for the temporary assistance of needy discharged patients as defined and limited by the above section, will be repaid by the hospitals upon the presentation of proper vouchers. ,

"For our part we have offered to pay the entire administrative expenses; more especially for the employment of an agent whose duties, under our direction, will be to help local Committees requiring assistance in different parts of the State. This means a salary, traveling and other After-Care expenses, which we estimate to amount to about $2,500 annually. For these purposes and for the assistance, if needed, of patients beyond the $25 allowed by the State, we shall have to ask for contributions from those who may wish to help.

"The plan of co-operation between the Hospital District After Care Committee and the State Hospitals has been outlined in detail and to give a definite idea of the actual procedure followed is here presented.

"1. The Hospital is to notify the Committee of cases likely to be discharged, as soon as such discharge seems reasonably certain, preferably from a week to a month before the patient is likely to leave the Hospital. The Hospital is to furnish the Committee at that time with a summary of such facts in connection with the history of such patients recommended for supervision as will be of assistance to the Committee in the investigation of the case, including the name, age, nativity, creed, occupation, civil condition, date of commitment, previous commitments, form of insanity, character, habits and tendencies and previous history and circumstances of the patient, and the names and addresses of the patient's relatives and friends, the character and condition of the home and the number in the family so far as known.

"2. The Hospital is to notify the Committee of the final discharge, or discharge on parole, of every patient within 48 hours of such discharge, and to furnish at this time particulars regarding the case, if such particulars have not been previously furnished.

"3. The Hospital is to notify the Committee if it learns of a likelihood on the part of any former patient to relapse, or of the desirability of assistance or advice in preventing a relapse on the part of former patients, whether such patients are on parole or have been finally discharged.

"The Hospital After Care Committees undertake to visit through their members, or the agent of the Sub-Committee, the homes and friends of patients about to be discharged,—and to report immediately to the hospital such facts and recommendations as may seem likely to be helpful to the hospital in making a decision as to when and to whom

patients should be discharged. The Committees also undertake to visit in their homes all patients discharged on parole, who in the opinion of the hospital may need supervision, and to report to the hospital before the expiration of the period of parole such facts as may be of service to the hospital. The Committees are ready, at the request of the hospital, to investigate the circumstances of any former patients who have been discharged, recovered, who may be considered by the hospital to be in danger of a relapse, and to require assistance or advice to maintain their physical or mental health.

"In carrying out this plan of co-operation the hospital physicians have shown a generous appreciation of the value of the work done for their patients, and an earnest effort to fulfill the requirements made of them, by bringing to the attention of the Committees cases requiring assistance or supervision, and by making suggestions from their extensive experience of such cases, as to the kind of assistance required the hospital physicians can be, and have already proved themselves, invaluable allies of the Committees, co-operating with them for the permanent welfare of their patients. The practical operation of this plan may be better under stood by a study of individual cases. We therefore select from among those reported by the different After Care Committees a few individual cases assisted by these Committees, to illustrate the aims and methods and results of this work.

"C. D.—While in the hospital this patient's husband died, and her only child, a little girl of 12, had to be cared for by strangers. The mother worried about the child, and the hospital physician asked the agent to see the child and report. She found the child well and happy, and the man and wife with whom it was, much attached to the little girl. Upon her discharge from the hospital a place was found for the mother with the family which had harbored the child, and the agent reports the mother much improved and happy.

"L. M.—A young girl of 17, whose mind became unbalanced largely because of poverty, sickness and unsanitary conditions at home. The Committee, with the co-operation of the Association for Improving the Condition of the Poor, the church and a settlement in the neighborhood, established the home-life on a somewhat better basis, provided better rooms and sent the girl and her little sister to the seashore, and after their return got the girl to join a social club at the Settlement where she will have pleasant associates and more opportunities for recreation.

"P. R.—A young woman from the West who had no friends or relatives in New York. An excellent worker but, when recovered and able to leave the hospital, had no place to go to. She was discharged to the Agent who placed her with a lady, with whom she is happy, and who finds her a most satisfactory servant."

Continuing the report says, "The Committee is glad to report that the expense of the work has not been so large as was expected at the outset. It has averaged about $100 a month. The comparatively small cost of the work is due to the fact that the Committee has been able to avail itself of the many existing charities in New York City which

have shown a gratifying willingness to co-operate with an After Care Agency in furnishing temporary boarding places in the country or at the seashore, in providing material assistance in the home, in helping us to secure employment for our recovered patients, and in other ways.

"The Committee has not been obliged except in a few instances, to call upon the State hospital funds for reimbursement for expenditures, provided for under Section 75 of the Insanity Law, which authorizes the expenditure of $25 for the temporary assistance of a patient discharged from a State Hospital. Whenever it has been found necessary to call upon a State Hospital for such assistance the bills have been immediately approved and forwarded to the office of the State Commission in Lunacy where they have been honored."

It was on April 15, 1906, that the "Manhattan After Care Committee of the State Charities Aid Association" was appointed. This was the first hospital district after-care committee to be completely organized in this country, though such a committee was appointed earlier (April 10, 1906,) to work in co-operation with the Willard State Hospital. Such committees were subsequently appointed in New York State as follows: For the Hudson River State Hospital, May 22, 1906; for the Binghamton State Hospital, November 8, 1906; and for the Central Islip State Hospital, February 5, 1907.

Recognition of the value of After Care by the American Medico-Psychological Association was given officially at its 62nd Annual Meeting held at Boston, Mass., in June, 1906, at which time the following resolution was unanimously adopted:

"Whereas, The State Charities Aid Association of New York has recently established a Committee on the After Care of the Insane, to work in co-operation with the State Hospitals for the Insane in that State, and to provide temporary assistance, employment and friendly aid and counsel for needy persons dicharged from such hospitals as recovered, and

"Whereas, In the opinion of the American Medico-Psychological Association, it is very desirable that there should be carried on in connection with all hospitals for the insane such a system of after-care, therefore,

"Resolved, That the American Medico-Psychological Association, expresses its gratification at the inauguration of this movement in the State of New York, and its earnest hope that similar work may be undertaken for hospitals for the insane generally."

One of the most comprehensive articles on the development of After Care ever published in this country appeared in the American Journal of Insanity, July, 1907, the same being a reprint of an address delivered before the American Medico-Psychological Association on May 7, 1907, by Dr. William Mabon, Superintendent and Medical Director of the Manhattan State Hospital, Ward's Island, New York

City. After reviewing the history of After Care, Dr. Mabon said in part:

"I recently asked several of my assistants for their conclusions as to the usefulness and shortcomings of the After-Care Committee, and Dr. Evarts, the first assistant physician, reported that the agent had usually visited the hospital once a week to see and become acquainted with patients about to be discharged. She was uniformly well received by the patients, even after their parole or discharge from the hospital, also by their friends. Through the work of this committee, the hospital physicians have in several instances visited patients in their homes and given counsel as to the best course to be pursued. A number of patients for whom positions have been found belong to the alcoholic class, who usually make fair recoveries. As a class, however, they are not fully appreciative of the work of the committee, and some of them soon return to their old habits. In several instances, the committee has found a boarding place for patients who were perhaps not quite equal to engaging in independent work, and have maintained them in the country for several weeks at a time. In one instance, Dr. Evarts distinctly recalls a former patient who was provided with a sewing machine, so that she might be able to support herself. The committee advanced the money for this machine, allowing the woman to make small payments at intervals to reimburse the committee, so that the burden of paying the debt was light.

"Our experience is that the work of the After-Care Committee has been helpful to a large number of patients and also to the hospital. Were it not for their work, many patients would necessarily have been discharged to the care of the Department of Public Charities, as was formerly done. The circumstances of their going out into the world are far better under the present arrangement than they were at any time previous when the Department of Public Charities took charge of them. Under the previous conditions, they were either sent to the almshouse, or allowed to go directly on to the streets of the city to seek friends or work without assistance from anyone, except such as might have been provided by the hospital. At the present time they are assisted and protected when they leave the hospital. During the past year, since the practical work of the After-Care Committee began, a number of patients have been substantially assisted by the committee. These cases were classified as follows:

"Imbecility with maniacal attack, manic depressive insanity, alcoholic psychosis, dementia praecox, acute depressive hallucinosis, depressions not sufficiently differentiated, manic depressive insanity with constitutional inferiority, paranoic condition and drug psychosis.

"Of these cases, 18 left the hospital recovered and 5 improved. Of this number, one case of imbecility with maniacal attack has been re-admitted during the year.

"An analysis of the views expressed in the report of Dr. Stedman, in the papers of Dr. Dewey and Dr. Meyer, in the letter of Dr. Parant, and in the remarks of Miss Schuyler, shows clearly the necessity for establishing after-care committees.

"The opinions of all who have contributed to the literature of the subject indicate very clearly that the greater field for after-care work is in cities and large towns, and less in rural districts.

"Some very useful methods have been outlined in this discussion, but a suggestion made by a member of the staff of the Manhattan State Hospital seems particularly applicable to cases in large cities. It is that members of the staff of the State hospital for the insane should be connected with several of the large dispensaries, so that they could easily keep in touch with such former patients who had been discharged recovered, and with a great many other cases in which there was a prospect or necessity for special treatment.

"The establishment of the After-Care Association in New York City has tended to increase the confidence in the administration of the metropolitan State Hospitals. Relatives of patients, as a rule, welcome visits from outside parties familiar with the work, and yet not part of the hospital organization. They feel in that way that they get an unbiased report on the standard of care maintained in the hospital. By means of this association the ward physician oftentimes gains the confidence of a patient who has been paroled or discharged, and he is then in a position to point out the dangers of illness, privation and over-work, and to enlighten him as to a premonitory symptom which, unless relieved, might lead to a relapse. The patient having these symptoms should be encouraged to come and see his ward physician, talk over the case with him, take his advice, and such medical treatment as in the physician's opinion was called for.

"During the past year, the members of the After-Care Committee of the Manhattan State Hospital have had under observation 258 patients; they have made 821 visits; assisted substantially 26 patients; and have had 19 under prolonged observation.

"The physicians in the State Hospitals who have co-operated with the State Charities Aid Association in the work of the after-care of the insane see in this new branch of philanthropy a promise of valuable results in the prophylaxis of the disease which afflicts more than 27,000 persons in New York State alone.

"If this movement affords such a prospect of relief in one state, why should it not be undertaken in all States. The organizations may differ, but the work to be accomplished is the same. The fact that it has been continued so long and successfully in France, Switzerland, England, and other countries of Europe, and that it has been adopted by the Japanese, should be an incentive to our taking it up with vigor, and pushing the work to the utmost."

Another important paper on After-Care was read before the Section in Public Health of the New York Academy of Medicine, January 14, 1908, by Dr. Frederick Peterson, Ex-President of the New York State Commission in Lunacy, and Professor of Psychiatry at Columbia University, part of which is herewith quoted:

"The rather unusual needs of the insane, as compared with the needs of other convalescents, has led of late to some extension of the functions of an after care society, so that the qualification 'after care' does not fully represent out present conception of such an organization. This evolution of a new and larger ideal of work to be accomplished is due in great part to the suggestive papers of Dr. Adolf Meyer. Indeed, the old English designation, Guild of Friends of the Infirm in Mind, would better describe the present trend of combined efforts in this direction. It is hoped that the hospital physicians themselves will become members of the various after care committees, not only for the purpose of following up and aiding their recovered patients by wise counsel, but in order to better study the milieu in which the mental disorder arose, to better aid in the fight against the preventable causes of insanity. Take but one preventable cause, alcohol. How few realize that 5,400 of the present inmates of asylums in New York State alone owe their insanity to alcohol.

"A guild of this kind composed of hospital physicians, local practitioners, lawyers, clergymen, business men, and their wives, as they become familiar with all matters pertaining to the insane through their relation to the immediate objects of after care, will diffuse ideas of prohylaxis through the community and educate the people in this important department of public health. Not only will preventable causes thus be more generally recognized and more strongly combatted, but the public will become more alive to the need of early treatment and take advantage of the opportunities now afforded for medical advice in mental disorders at outdoor departments of city clinics and country asylums. Fore care as well as after care of the insane is therefore one of the new features in connection with the type of institution under discussion here tonight."

The truth of the axiom that work in After-Care leads to work in Prevention is proved, if proof were needed, by statements which appear in the Third Annual Report of the Sub-Committee on After-Care of the Insane, of the State Charities Aid Association, published November 1st, 1908, two years after the inauguration of the work on the restricted basis of assisting "needy patients upon their discharge from hospitals as recovered or improved." This report says in part:

"The work done for the prevention of relapses on the part of the recovered insane has led inevitably to an increasing realization on the part of the Committee of the desirability of preventing the original attacks of mental diseases. There have been brought to the attention of the Committee an increasing number of persons, many of them relatives of State Hospital patients, who have seemed to be in danger of a nervous or mental breakdown, which the Committee has been able to prevent by providing either the work or the rest required by the individuals in question. * *

"The good results secured in such cases as have already come to the attention of the Committee, have influenced the Committee definitely to include preventive work in the scope of its activities, and for this purpose the name of the Committee has been changed to that of 'Prevention and After-Care,' a Sub-Committee of the Standing Committee on the Insane, of the State Charities Aid Association."

In this same report an instructive account is given of the work done by Miss E. H. Horton, the After-Care Agent of the State Charities Aid Association, who devotes most of her time to assisting patients from the Manhattan and Central Islip State Hospitals. That only six of the one hundred and five persons under Miss Horton's supervision during the year ending September 30, 1908, should have suffered a relapse and re-commitment, is, indeed, the best of proof that work in After Care is of vital importance, not only to the public at large but also to the State and to its institutions.

The account of the development of After Care during the eighty years that have elapsed since Lindpainter inaugurated the work in Germany brings forcibly to mind the fact that After Care, despite its inherent importance, at best makes progress slowly. That it has not been more widely and promptly adopted may be attributed in large measure to a general lack of knowledge regarding the nature and value of the work, which ignorance has made it very difficult, even for interested and intelligent workers, to put a plan for After Care into practical operation. It is therefore evident that if After Care is to be placed on a working basis in all "hospital districts" in this country within a reasonable time, as it already has been in several such districts in one State by the State Charities Aid Association of New York, some organization, whose work is national in scope must take upon itself the two-fold task of enlightenment and organization. Fortunately, within the year, a Society of the character mentioned has come into existence, viz: The National Committee for Mental Hygiene, founded February 19, 1909, one of the chief functions of which will be the organizing of After Care Committees in chosen fields. Indeed, this work is, and of necessity will be, its chief function for years to come, as work in After Care may best be made to serve as the point

for attack in the fight against the spread of mental disorders which the National Committee for Mental Hygiene plans to undertake.

Inasmuch as a National organization has been founded for the purpose of doing in the field of nervous and mental disorders a work akin to that which is being done by the National Association in charge of the fight against tuberculosis, it is assumed that the objects of this National Committee for Mental Hygiene and a description of its *personnel* will prove interesting. Its objects are:

To work for the protection of the mental health of the public at large; to help raise the standard of care for those threatened with mental disorder or actually ill; to promote the study of mental disorders in all their forms and relations and to disseminate knowledge concerning their causes, treatment and prevention; to obtain from every source reliable data regarding conditions and methods of dealing with mental disorders; to enlist the aid of the Federal Government so far as may seem desirable; to co-ordinate existing agencies and help organize in each State in the Union an allied, but independent Society for Mental Hygiene, similar to the existing Connecticut Society for Mental Hygiene.

Its officers are: President, Dr. Henry B. Favill of Chicago; Vice-Presidents, Dr. Charles P. Bancroft, Superintendent of the New Hampshire State Hospital for the Insane, and Dr. William H. Welch of Johns Hopkins University; Chairman of the Executive Committee, Dr. Adolf Meyer, Director of the Pathological Institute of the New York State Hospitals and Director-elect of the Phipps Psychiatric Clinic. The other members of the Executive Committee are: Dr. Charles P. Bancroft, Professor Russell H. Chittenden, Director of the Sheffield Scientific School; Professor William James of Harvard University, and Miss Julia C. Lathrop, a member of the Illinois State Board of Charities. The writer of this article has been appointed Secretary, *pro tem,* of the National Committee for Mental Hygiene.

The following persons comprise the present membership of the National Committee for Mental Hygiene: Mrs. Milo M. Acker, Hornell, N. Y.; Jane Addams, Chicago; Edwin A. Alderman, Charlottesville, Va.; James B. Angell, Ann Arbor, Mich.; J. Mark Baldwin, Baltimore; Dr. Charles P. Bancroft, Concord, N. H.; Dr. Lewellys F. Barker, Baltimore; Russell H. Chittenden, New Haven; W. H. P. Faunce, Providence; Dr. Henry B. Favill, Chicago; Katherine S. Felton, San Francisco; Irving Fisher, New Haven; Horace Fletcher, New York; James, Cardinal Gibbons, Baltimore; Arthur T. Hadley, New Haven; Henry L. Higginson, Boston; Dr. August Hoch, White Plains, N. Y.; William James, Cambridge; David Starr Jordan, Palo Alto, Cal.; Harry Pratt Judson, Chicago; Julia C. Lathrop, Chicago; Marcus M. Marks, New York; Lee Meriwether, St. Louis, Dr. Adolf Meyer, New York; Mrs. Philip N. Moore, St. Louis; Dr. J. Montgomery Mosher, Albany; Cyrus Northrop, Minneapolis; Dr. Stewart Paton,

Princeton; Francis G. Peabody, Cambridge; Dr. Frederick Peterson, New York; George Wharton Pepper, Philadelphia; Henry Phipps, New York; Gifford Pinchot, Washington; Jacob A. Riis, New York; Jacob Gould Schurman, Ithaca; Dr. M. Allen Starr, New York; Anson Phelps Stokes, Jr., New Haven; Melville E. Stone, New York; Robert W. Tayler, Cleveland; Sherman D. Thacher, Nordhoff, Cal.; Henry van Dyke, D.D., Princeton; Dr. Henry P. Walcott, Cambridge; Dr. William H. Welch, Baltimore; Gen. Walter Wyman, Washington; Benjamin Ide Wheeler, Berkeley, Cal.; Robert A. Woods, Boston.

Outside of the State of New York, the only *organized* medical and lay effort to engage in the work of After Care in this country has, within the past year, been made in Connecticut by the Connecticut Society for Mental Hygiene. This organization, the first of its kind founded, and the forerunner of The National Committee for Mental Hygiene, is formulating a plan for After-Care, which, when completely worked out, will, it is believed, be the most comprehensive and effective yet put into practice anywhere. With a view to instructing the general public and awakening its interest in the subject of After-Care, The Connecticut Society for Mental Hygiene plans to issue a pamphlet in which After Care and Prevention will be discussed, especial emphasis being laid on their value in relation to the recovered patient, to his relatives and friends, to the hospital officials, and to the community at large. Part of the contents of this forth-coming pamphlet, written by the Executive Secretary of the Society, is herewith incorporated:

Through the intelligent ministrations of an efficient After-Care Committee the recovered patient can be taught to avoid those conditions which helped produce the initial attack of mental disorder. He can also be taught to guard against *all* dangers which might tend to undermine his mental health. Such instruction given immediately preceding his discharge from the hospital makes it possible for the After-Care worker in charge of the case to establish such friendly relations with the patient as to secure his continued co-operation after he has again taken up his work in the world. The assistance given a recovered patient should not, however, consist solely of *words* of advice. The After-Care Committee should help him find work of a sort which will tend to make permanent his recovery and, if pecuniary assistance be needed, and is deserved, a reasonable amount of money should be advanced for his benefit, preferably in the form of a loan, with the understanding that he shall reimburse the Committee when able to do so. Freedom from worry regarding his future will go far toward preventing the relapse of a discharged patient.

The value of After-Care to the relatives and friends of a recovered patient lies not only in the fact that it tends to restore the patient's health permanently and enables him again to become self-supporting, but the benefits of advice and instruction given the patient extend even to the members of his family and circle of acquaintances. An intelligent After-Care worker in teaching the recovered patient how to order his life properly can, at the same time, point out to his relatives the known causes of the case of mental disorder which has already occurred in the family. Knowledge of these facts, and instruction regarding the avoidance of dangers and conditions which tend to produce mental disorders, will oftentimes prevent the occurrence of other cases of like nature in the same family. For, as investigation has proved, where one member of a family has suffered mental collapse, there are usually to be found other members whose temperaments and constitutions are such as to require increased protection against even the ordinary strain and stress of life if they are to escape the affliction of serious nervous or mental disorders. Not the least of the many advantages of work in After-Care is that the invaluable advice which an intelligent After-Care worker can impart can only be offered under the favoring conditions which arise at the time a recovered patient is about to return to his home. Whereas, most, if not all, families, under ordinary circumstances would resent the giving of advice regarding the preservation of the mental health of its several members, it has been discovered that under the conditions mentioned such advice is accepted eagerly and put to good use.

Effective work in After-Care also tends to encourage hospital officials, especially the physicians in charge of a State institution, one of the most disheartening features of whose work is that so many recovered patients, either through their own ignorance or lack of intelligent guidance after their discharge, needlessly suffer relapse and are oftentimes repeatedly returned to the institution for treatment. These discouraging results have caused many hospital officials and the general public to take a gloomy view of the general question of recoveries among those who have been insane. Work well done in After-Care, however, will help overcome this tendency toward pessimism. Furthermore, an After-Care Committee which does its work thoroughly may do much toward bringing the public and the hospital management into close and understanding touch and thus make it possible for the hospital Superintendent and his assistants to take their logical, as well as a commanding part in the work of protecting the mental health of the public in the hospital district which the institution serves.

The public should also know that by preventing relapses the work of After-Care alone, not to mention work in Prevention, helps relieve the usually over-crowded condition of our hospitals and perforce diminishes the cost of maintaining them. In consequence, it seems reasonable to assume that the State will one day grant appropriations for work in this field.

As the work of After-Care in the United States is still in a formative stage of its development, it is difficult to formulate a plan for its application which is at once comprehensive and practicable. Nevertheless, there are certain fundamental principles which must be observed by those who engage in it, whether they serve as lay members of an After-Care Committee or as members of the medical staff of a hospital with which the Committee is to co-operate.

First of all, the members of the medical staff of a hospital should be ready and willing to co-operate heartily in the work which the After-Care Committee plans to do. If the physicians in direct charge of the patients appreciate that *all* patients at the time of their discharge may in one way or another be helped by an After-Care Committee, the Committee will have abundant opportunity to prove its usefulness. Unfortunately, today, however, Hospital officials, even many who are genuinely interested in After-Care, are often inclined to assume that only a small proportion of recovered patients can be assisted by an After-Care Committee. As a result many patients for whom much might be done are set free without having benefited by that instruction and help which can so well be given by non-professional workers in After-Care.

The initial move in the assisting of a patient must be made by the physicians in charge of him. They should send written notice to the After-Care Committee regarding each impending discharge as soon as the discharge of the patient seems reasonably certain. As only a small number of recovered patients are summarily removed by their relatives or conservators, it would seem that a hospital management should be able to give at least two weeks' notice to the After-Care Committee and, in many instances, a month's notice. Early notification of an impending discharge is essential if an After-Care Committee is to work with full effect. Without such notification the After-Care worker in charge of a given case is deprived of the needed opportunity for beginning the task of establishing friendly relations with the patient and his relatives at, as stated, practically the only time such relations can be successfully established. But better than a formal notice of an impending discharge would be the knowledge of that fact which would inevitably come to any accredited After-Care agent or worker who makes frequent visits to the hospitals for the purpose of becoming acquainted with all patients likely to recover their mental health and freedom. In this way not only would individual patients be benefited but also their relatives who would find comfort in such advice as the After-Care worker might impart, especially if such friendly intercourse were established soon after a member of the afflicted family had been committed to the hospital. This of all times is the one when comforting advice is most needed.

Work done in After-Care is mutually advantageous to the medical staff of a hospital and to the After-Care Committee. The trained After-Care worker who investigates a case can usually secure for the hospital officials information which they themselves, because of their inability to spare the time for personal investigation, often find it diffi-

cult, if not impossible, to obtain,—especially regarding the home environment to which the patient is about to return, together with facts regarding the family history which relatives may have withheld when answering the list of stereotyped questions originally submitted by the Hospital officials. As a result a complete, if belated, record of the case is secured and it then becomes possible for the physicians to give correct advice as to what may best be done to make permanent the recovery of the patient. Experience proves also that the non-professional worker who has studied the home environment of the patient at close range is frequently able to relieve doubts, fears and suspicions of the patient and his family, and to clear up misunderstandings which the Hospital officials themselves, unaided, could scarcely hope to correct. When one considers that the lack of confidence in our hospitals for the insane, which is known to exist in some quarters, is based in part on misunderstandings of a trivial nature, the value of the non-professional worker acting as a common friend and mediator at once becomes apparent.

The study of the home environment to which a patient is about to return, if made by an intelligent After-Care worker, will show just what can be done to make his home-coming all that could be desired. By giving tactful advice to the relatives of the patient his re-entrance into his home and home-life may be facilitated at a time when every consideration should be shown him. Frequently such advice results not only in a benefit to the returning member of the family, but to other members as well. In some instances, the giving of pecuniary assistance for the purpose of improving the conditions under which the discharged patient will again take up his work results in a permanent improvement in the standard of living maintained by the family affected, which, in turn, may serve to prevent not only the relapse of the recovered patient but the occurrence of nervous or mental collapse in other members of the family.

Thus it is that work in After-Care inevitably leads to and includes work in so-called Fore-Care and Prevention. Indeed, these activities are inseparable, and once the work of an After-Care Committee is thoroughly organized it will be found that quite as much, if not more, work in Fore-Care can be done than in After-Care. As work in prevention is, after all, the more important of the two activities, Prevention should be the watch-word of a so-called After-Care Committee.

As an added statement of the nature and value of After-Care and its practical application, quotations from a paper by Dr. Adolf Meyer are herewith incorporated. The paper is entitled "After-Care and Prophylaxis," and was read before the Willard After-Care Committee, at the Willard State Hospital, October 2, 1908.

"Nobody can engage in the work of the after-care of the insane without experiencing the awakening of an instinctive desire for prophylaxis. The two ideas are parts of one instinct; we might say: prophylaxis is the climax and fulfillment of our endeavor in after-care

work. At the same time I know of no better way of preparing for prophylaxis than by getting experience in after-care. The first step toward prophylaxis is to get a sufficient experience with what one wishes to prevent. As a matter of fact, I have always felt that the term 'After-Care' in the name of a committee of this character is one that limits the field of interest below that which is actually the result. It is not only after-care as it was established in England, that is to say, one or two months' care for people who are discharged and need a boarding place or something of that nature, but it consists of finding occupation for patients who are leaving the institution and trying to live again in the community, and helping to make their re-entrance into the community easy and safe against relapses. There we have the after-care turned into the prophylaxis movement; and anyone who once gets interested in the prophylaxis of recurrences can not help but get interested in the prevention of the first attacks, and there you are in the center of what we must hope from this movement. It demands, it seems to me, an organization of all those people in the community who are capable of taking an interest in the insane and in methods of coping with mental disorders which arise in a community, whether they require hospital care or not. I certainly venture to say that there is more mental trouble causing unhappiness in the community than the hospitals ever get any idea of. As I say, the after-care with absolute necessity leads to an understanding of prophylaxis. Working in after-care, you come into contact with persons who have had distinct and concrete difficulties, the recurrence of which you want to prevent; that gives you the concrete material without which interest can not be sustained. Practical concrete experience must give the back-bone to efficient optimism. The majority of people think that insanity is a hopeless matter anyway; they say: once insane forever insane, and all that sort of thing, which nothing can disprove as well as work in after-care, if at least the after-care does not simply deal with 'those who are needy' as was originally expressed in the resolutoin passed in Albany. Of course, that would only give one side of the picture. I really believe that the after-care committee might very well be taken into confidence concerning the fate of most persons who leave the hospital. A good many of the patients naturally will not need your help, but it will be a help to you to know about them; and others may be beyond your help, but it is nevertheless desirable that you should know how things stand so that you can form an opinion of the relative value of things yourself. Certainly, knowing the group of cases gives you an idea that *some* things *can* be done, and it helps you over the widely spread notion that insanity is a hopeless proposition. We must get an experience with those who help themselves or whose conditions are sufficient for success, and also the unfavorable cases so as to have a sound balance and appreciation of the possibilities. Otherwise, we are not entitled to convictions about what we can legitimately demand from the patients and their environment. We must learn to be sure about what can be expected and what rewards an effort or sacrifice will bring. Uncertainty weakens our determination

about demanding the sometimes radical and even unpleasant changes and sacrifices unless we feel sure of our ground and are able to prove our claims even to the defendant of the 'mind your own business' doctrine.

"The special reason why prophylaxis must appeal to us is that mental disease is much more easily prevented than cured, and that it is such a calamity that everything should be done to prevent it in its very inception. Years of observation have furnished us many facts; but the peculiar asylum habit of dealing with the insane in hordes has retarded the application of what conclusions we are able to derive from the experience. After-care carries the treatment of mental difficulties into the community again, that is, to the place where the prophylaxis must do its work, and we may hope that gradually a knowledge of the facts will bring to the thoughtful members of the community conviction and the means for prevention. * * * *

"Another important role which I have not mentioned so far is the *relief of the feeling of prejudice and sensitiveness* on the part of the patient or of the family. In one case of depression I find a note that there is quite a little sensitiveness about having been at the hospital, a feeling which should be straightened out; further, we meet with complaints of having been *badly treated*. It is well worth while to take up the complaints and to give the patient the satisfaction of a fair inquiry. We must, of course, not join the flurry of indignation before we have seen how the facts are on both sides; but after that is done we can talk over the situation in the most sensible way. There are, of course, many other different problems which a patient may have to settle, from love affairs to complicated troubles that nobody wants to handle directly; in such cases the best thing is to talk the matter over with the physician and then see what you can do with the patient.

"Above all things, correct the impressions incurred at the hospital if they happen to be wrong. Keep in touch with the patient, favor correspondence with the patient, and encourage correspondence between the patient and the hospital. See that the patient visits the hospital once in a while to see his or her physician again, and see that occasionally the home is adjusted by providing a nurse, as in the case of Mrs. B., or by eliminating certain people who are trying. This is very often possible. Accumulate information as to how successes were obtained with difficult situations, and discuss the failures. See that the distribution of etiological factors is watched in your district. Collect your material concerning such a town as Waterloo.

" * * * Gradually try to prepare some popular pamphlets for distribution, which rise out of your experience and can be given out as general information; communicate your successes in a pamphlet which will interest some other people.

"Last, not least—the after-care movement must also assist the physicians and supplement the impressions the physician gets from seeing only the patient and the relatives who are perhaps in a state of excitement when they arrive at the hospital, and may have reasons to misrepresent the facts. After the patient is discharged, help the physi-

cians complete the picture of the patient by reporting to them the fluctuations you observe; it will always be to your benefit because you thus get a chance of talking over certain difficulties.

"The more I see of after-care and prophylaxis the more clearly do I see that it is in the interest of the hospital to be the leading element of the after-care organization and prophylaxis organization in its district. To my mind, the hospital has been too much a continuation of the almshouse—doing the best that it can for the cases that were brought in and dumped down. Today we know that even with the best of care we can not rest there. The hospital is the place where the experience is collected such as creates obligations and the hospital ought to be under the responsibility to use that experience. We ought to have enough physicians to go to a locality and look up a situation, instead of having them grind year in and year out in the wards and at the desks. It is not well that those who should know most should be shut off from even a chance at preventive and corrective obligations. * * * The question is asked whether it would be well to notify the After-Care Committee in all cases and to allow the members to seek out the cases that need their attention. It seems to me that this might properly supplement the present plan, since at the hospital we can not always know what the needs of the home-surroundings are. The selection should be made a matter of collaboration."

As already stated, the work of After-Care was inaugurated in New York on the restricted basis of assisting *"needy* patients discharged as recovered from Hospitals for the Insane," because work in After-Care had never before been attempted in this country. In Connecticut, however, where there is a society which exists for the sole purpose of working for the protection of the mental health of the public at large and helping to raise the standard of care for those threatened with mental disorder or actually ill, it becomes possible to inaugurate After-Care on a comprehensive plan such as that advocated by Dr. Adolf Meyer in his quoted discussions. Indeed, one may well consider the Connecticut Society for Mental Hygiene as being a large Committee for After-Care and Prevention, with a membership of several hundred representative citizens. In demonstrating in Connecticut the value and feasibility of a comprehensive plan for After and Fore-Care, a model plan for other States to adopt will thus become available for use by the National Committee for Mental Hygiene when it begins the task of inaugurating the work of After-Care in chosen fields throughout the country.

The territorially small State of Connecticut, with a population of one million, with two State Hospitals for the Insane and several private

hospitals of like character in which, all told, nearly 4,000 patients are at this time under treatment, furnishes an ideal field for the planned demonstration in After-Care. Furthermore, as statistics show that at least five hundred patients are discharged each year from these institutions, about 150 of whom are discharged as recovered and the remaining 350 as improved sufficiently to be given their liberty, an After-Care Committee will have abundant opportunity to prove its value.

It should be stated that membership in the Connecticut Society for Mental Hygiene is not necessary for qualification as a member of the projected After-Care Committee. In formally organizing an After-Care Committee in Connecticut, it is proposed that the following persons shall be invited to serve as members of it: the respective Superintendents of the Connecticut State Hospital for the Insane, of the Norwich State Hospital for the Insane, of the Hartford Retreat and the Assistant Physicians in these three institutions who are in charge of the Reception and Convalescent Wards, in which Wards the patients who are finally discharged are usually confined while under treatment. One or more members of the Boards of Trustees of these institutions will also be invited to join the Committee as will also the Superintendents of the several private Hospitals for the Insane in Connecticut. In addition to the persons listed, members of the State Board of Charities and working members of the Connecticut Society for Mental Hygiene will be invited to serve. The size of the Committee may be disregarded so long as all members of it are willing to take an active part in the work.

The Connecticut Society for Mental Hygiene, as time goes on, also proposes to organize in each city and town in the State, Sub-Committees on After-Care and Prevention in the form of Local Advisory Committees which, under the Society's By-Laws, may include as members not only those who have qualified as members of the Society by paying the stipulated fee of Two Dollars, but any person in the community who is willing and in a position to help in the work. But this work of organizing Local Committees will not be undertaken in a given community until cases requiring the attention of such a Committee have

been brought to the attention of the After-Care Committee. To organize Local Committees arbitrarily, in advance of the necessity for them, would prove futile. This growth must proceed naturally and as interested and efficient workers are found. In this way the After-Care Committee—and the Connecticut Society for Mental Hygiene—should eventually create 168 points for attack in the impending fight against the spread of mental disorders, each Local Advisory Committee serving as an agency through which persons in need of advice or assistance may be put in touch promptly with the physicians or organizations best able to help them. These Local Advisory Committees may also be made use of directly by the Hospital officials who, if they will, may enlist their assistance in securing information regarding patients under treatment in Hospitals, and also facts regarding their condition after they return to their homes.

A detailed outline of the possible activities of the After-Care Committee, can not at this writing be set forth. It will be necessary to look to the Hospital Physicians, members of the State Board of Charities and other social workers for advice regarding what may best be done in the direction of inaugurating After-Care on that comprehensive plan which, if adopted, will enable Connecticut to stand forth as the one State in the Union where work in After-Care and Prevention is being done to the limit of its possibilities.

BIBLIOGRAPHY.

For the convenience of those who may wish to make an exhaustive study of "After Care and Prevention," the following list of articles and reports on the subject is appended:

Acker, Mrs. Milo M. Remarks on the After Care of the Insane. *Minutes of Conference of the State Hospital Superintendents with the New York State Commission in Lunacy, held at Albany,* January 30, 1906.

Bellevue Hospital, New York City. *Social Service and Convalescent Relief Department,* 1908 *Report.*

Boston General Hospital. *Social Service and Convalescent Relief Department,* 1908. *Report.*

Clark, Mary Vida. Remarks on The After Care of the Insane. *Minutes of Conference of the State Hospital Superintendents with the New York State Commission in Lunacy, held at Albany,* January 30, 1906.

Connecticut Society for Mental Hygiene (New Haven, Connecticut). Scope of the work of a State Society for Mental Hygiene. *Prospectus of The Connecticut Society for Mental Hygiene. Forthcoming Report on The After Care of the Insane and the Prevention of Mental Disorders.*

Dewey, Richard. The Assistance of Destitute Convalescents and Recovered Patients Discharged from Hospitals for the Insane. *Proceedings of the National Conference of Charities and Correction,* 1905.

Dewey, Richard. Editorial in the *American Journal of Insanity,* 1898.

Elliott, Robert M. After Care of the Insane. *Proceedings of the American Medico-Psychological Association,* 1907. *American Journal of Insanity,* July, 1907.

Folks, Homer. A Year's Work in the After Care of the Insane. *Proceedings of the National Conference of Charities and Correction,* 1907.

Mabon, William. The After Care of the Insane. *Proceedings of the American Medico-Psychological Association,* 1907. *American Journal of Insanity,* July, 1907.

Meyer, Adolf. The Problem of After Care and the Organization of Societies for the Prophylaxis of Mental Disorders. *Proceedings of the New York State Commission in Lunacy,* 1906.

Meyer, Adolf. After Care and Prophylaxis and the Hospital Physician. *Proceedings of the American Neurological Association,* 1906. *Journal of Nervous and Mental Diseases,* 1907.

Meyer, Adolf. After Care and Prophylaxis. *A paper read before the After Care Committee at the Willard State Hospital,* October 2, 1908. *New York State Hospitals Bulletin,* 1909.

Parant, Victor. The After Care of the Insane in France. *A letter written* April, 1894, *and published in the American Journal of Insanity,* July, 1894.

Peterson, Frederick. The After Care of the Insane. Read before the Section in Public Health of the New York Academy of Medicine, January 14, 1908. *The New York Medical Journal,* February 29, 1908.

Peterson, Frederick. What We have Not Done for the Insane. A Discussion of the Care of the Insane, at a meeting of the New York Academy of Medicine, February 20, 1908. *New York Medical Journal,* April 4, 1908.

Schuyler, Louisa Lee. The After Care of the Insane. *Proceedings of the New York State Commission in Lunacy,* 1905. *Report of the State Charities Aid Association of New York,* 1905.

Society of Protection for the Indigent Insane. *First Annual Report,* 1909, *of this Italian After Care Society of which Dr. G. C. Ferrari, Director of the Bologna Provincial Hospital for the Insane, is Vice-President.*

State Charities Aid Association of New York. *Annual Report for* 1905. *The First, Second and Third Annual Reports of the Sub-Committee on After Care of the Insane,* 1906, 1907 and 1908.

Stedman, Dana, Dercum. Report of the Committee of the American Neurological Association on the After Care of the Insane. *Proceedings of the American Neurological Association,* 1897.

Stedman, Henry R. Management of Convalescents and the After Care of the Insane. *Proceedings of the American Neurological Association,* 1894.

Stedman, Henry R. The After Care of the Insane. *Proceedings of the National Conference of Charities and Correction,* 1898. *The Charities Review,* March, 1899.

Wise, P. M. Hopeful Recoveries. *Proceedings of the American Medico-Psychological Association,* 1893.